


PATIENT PRESENTING CLINICAL SIGNS

Sally Clieff PC: Submandibular swelling ****Recent History**** - Urinating a little more than usual over the past 2 months - Started scooting and having anal gland issues - Seen Jan 27 for licking hind end, frequent urination and odour. Emptied anal glands. UA WNL. Temperature normal at this time. - Vaginitis noted at this time (confirmed previous spay in 2020) - vegetation found in vagina and removed. Has been improving since grass removed from inside vagina. - Vomiting, hyporexia developed within the day. Lethargic. Also had a bit of a throat-clearing cough. - Went back to the vet: had a fever at that time (39.5). - Bloodwork was performed (Jan 31) - mild neutrophilia, elevated glob, elevated amylase and cPL - Abdominal radiographs Jan 28 - WNL. - No chest rads - Was started on treatment for suspected pancreatitis. Started on tramadol, gabapentin, sulcrate, omeprazole, Cerenia - Swelling on neck developed Feb 1, seems painful, occasional throat-clearing cough had previously been noted. Swelling increased rapidly over 48 hours, increasingly sore and lethargic, reluctant to open mouth. - Went back to RDVM Feb 2: Cyto sample collected but not sent out from RDVM - started on Baytril for past 48 hours. - No vomiting recently - Temp was 40.1 C yesterday at RDVM - Chews on antler chews, sticks, lots of access to outdoors - could have eaten something like a dead animal. - Current medications: - Sulcrate 6 am, Omeprazole 7:30 am, 8:15 am had tramadol and gabapentin (but didn't really get the gaba), antibiotic injection at 3 pm yesterday (Baytril). ****Previous Issues**** - Summer 2021 developed severe skin issues - inflammation, hair loss, possibly pyrexia. Treated with cytopoint injections and topical medications and signs resolved. - Previous episode of severe frequent vomiting - resolved - No known food allergies

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

1 Year 7 Months

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post-contrast studies available for review.

INTERPRETED BY

 Nele Eley (Ondreka),
 DVM Dr. med. vet.,
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COMPUTED TOMOGRAPHIC FINDINGS

Severe enlargement of the left medial retropharyngeal lymph node with a multiseptated cavitory lesion of approximately 4.0 cm diameter expanding the cranial aspect of the lymph node is seen. The delineation of the multiseptated cavitory lesion within the cranial aspect of the left medial retropharyngeal lymph node presents multiple interruptions rostrally. Thick peripheral rim enhancement of the lymph node is noted.

HOSPITAL NAME

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There is extensive soft tissue swelling throughout the retropharyngeal area, submandibular area, as well as along the ventral and left lateral neck with subcutaneous fluid accumulation, fat stranding, and heterogeneous enhancement.

REFERRING VET

Dr. Debbie Reynolds

The right medial retropharyngeal lymph node is moderately enlarged with heterogeneous contrast enhancement. The lymph node measures 4.0 cm x 2.3 cm. Moderate left and right submandibular lymphadenomegaly is seen with the lymph nodes measuring up to 1.5 cm in diameter and peripheral rim enhancement and contrast sparing centers. There is no evidence of foreign material noted.

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The severe enlargement of the left medial retropharyngeal lymph node with extensive peripheral soft tissue swelling causes lateral deviation and compression of the larynx and retropharynx.

The left submandibular salivary gland and parotid salivary gland are mildly enlarged with mildly heterogeneous contrast enhancement.

DATE

2/4/22


PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

Sally Clieff

- Multiple lymphadenomegaly in the left and right medial retropharyngeal and left and right submandibular lymph nodes with cavitation and presumably ruptured abscessation of the left medial retropharyngeal lymph node.

SPECIES

Canine

- Extensive myofasciitis and cellulitis in the head and neck region.
- Presumably secondary left submandibular and parotid sialadenitis.

BREED INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Shepherd X

The CT findings suggest rupture of a left medial retropharyngeal abscess with peripheral cellulitis and myofasciitis. Multiple lymph node involvement is noted including the left and right retropharyngeal and submandibular lymph nodes, all of which present evidence of potentially suppurative lymphadenitis and cavitation. However, the changes of the left medial retropharyngeal lymph node are most severe and compatible with abscess rupture. Consider drainage of the abscess of the left medial retropharyngeal lymph node. The cause of the abscessation remains unclear. Foreign material is not seen. Foreign material related etiology cannot be ruled out entirely. Hematogenous or regional lymphatic spread of the presumed infection is considered likely based on the CT findings.

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REFERRING VET

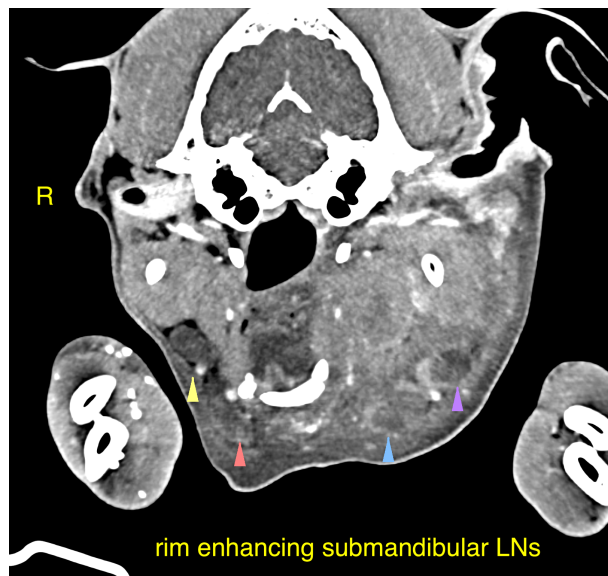
Dr. Debbie Reynolds

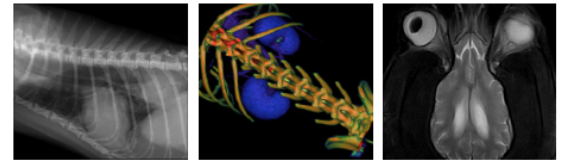
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PATIENT

Sally Clieff

SPECIES

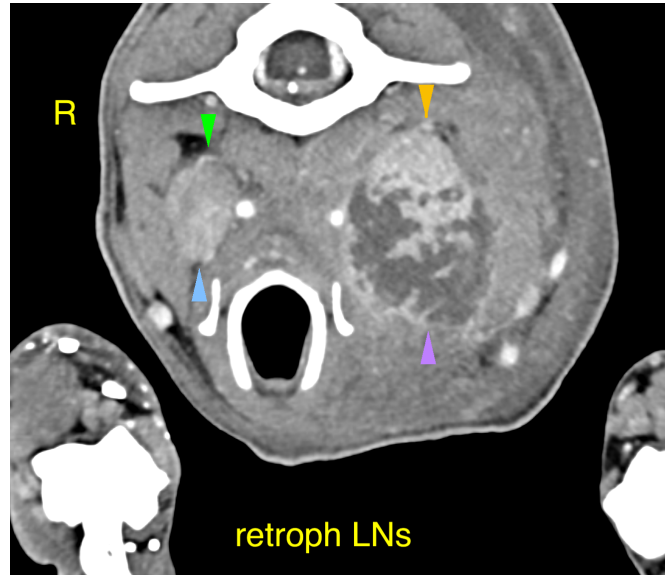
Canine

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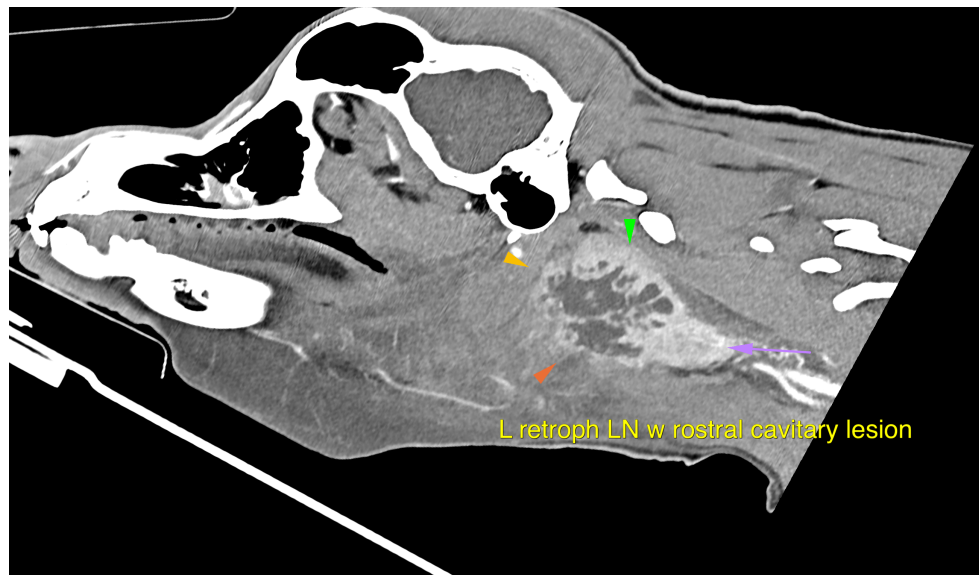
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REFERRING VET

Dr. Debbie Reynolds

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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DATE

2/4/22

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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